



# ARMY FEE ASSISTANCE

## Provider Change Request Authorization

### Sponsor/Family Information:

\_\_\_\_ Printed name of qualifying Army Sponsor

I am withdrawing or have withdrawn my child/children from \_\_\_\_\_  
*Current Child Care Provider on file with the GSA*

Final day of care: \_\_\_\_\_

Child #1 \_\_\_\_\_ DOB \_\_\_\_\_

Child #2 \_\_\_\_\_ DOB \_\_\_\_\_

Child #3 \_\_\_\_\_ DOB \_\_\_\_\_

Child #4 \_\_\_\_\_ DOB \_\_\_\_\_

### Child Care Provider Information

I am enrolling my child/children with the Provider listed below effective: \_\_\_\_\_  
*First day of care with new Provider*

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name/Phone Number of Provider: \_\_\_\_\_

\_\_\_\_\_ **Army Family Provider Cost Verification Form CC 2015-01** to be completed by your Child Care Provider for each child and returned to the GSA to complete your Provider change action for each child.

- Child must be enrolled before benefits can be awarded.
- Child Care Provider must be an approved participant in order for application to be processed.
  - ✓ Child Care Provider Directory: <http://www.gsa.gov/portal/content/205843>
  - ✓ Website for Providers to enroll as a participating provider: <http://www.gsa.gov/portal/category/107371>
- If your Child Care Provider is not already approved, your application for AFA will be delayed as the Provider will need to complete the application process

\_\_\_\_\_  
*Signature of Qualifying Army Sponsor / Last 4 of SSN*

\_\_\_\_\_  
*Date*

Fax: (816) 823-5410

Scan and email to: [army.childcare@gsa.gov](mailto:army.childcare@gsa.gov)

**GSA Subsidy Administration Section**

2300 Main St – 2SE, KCMO 64108

Tel: (866) 508-0371 • Fax: (816) 823-5410

[army.childcare@gsa.gov](mailto:army.childcare@gsa.gov)

Army 2014-17





# ARMY FEE ASSISTANCE

## Provider Cost Verification Form Children Ages 0 - Preschool

Provider Name: \_\_\_\_\_  
Vendor/TIN # \_\_\_\_\_ Email: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Remit to Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Provider Billing Method

Calendar Month (1st - Final Day of Month)

4/5 Week Billing: Provide Day of Week \_\_\_\_\_

Family Action: New Family Enrollment Rate Change Attendance Change Adding Child Recertification

Printed Name of Qualifying Sponsor: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

### Child Information

Child Name \_\_\_\_\_  
Child Date of Birth \_\_\_\_\_ Enrollment Date \_\_\_\_\_  
Does the child qualify for any discounts \_\_\_\_\_ Type of Discount \_\_\_\_\_

### Registration / Enrollment Fee

Registration Fee \$ \_\_\_\_\_ Enrollment Fee \$ \_\_\_\_\_ Maximum Fee to be paid by Army, \$150.00 per child, per provider, per year.

### Current Child Enrollment and Care Information (Please provide cost below after any and all discounts)

Effective Date \_\_\_\_\_  
Full Time: (25 or more hours of care per week) Monthly Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_  
or  
Part Time: (16 -25 hours of care per week) Monthly Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_  
Number of Days per Week \_\_\_\_\_ Number of Hours per Week \_\_\_\_\_

### Rate/Attendance Changes to be Processed within the Next 12 Months (Please provide cost below after any and all discounts)

Effective Date \_\_\_\_\_  
Full Time: (25 or more hours of care per week) Monthly Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_  
or  
Part Time: (16 -25 hours of care per week) Monthly Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_  
Number of Days per Week \_\_\_\_\_ Number of Hours per Week \_\_\_\_\_

Effective Date \_\_\_\_\_  
Full Time: (25 or more hours of care per week) Monthly Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_  
or  
Part Time: (16 -25 hours of care per week) Monthly Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_  
Number of Days per Week \_\_\_\_\_ Number of Hours per Week \_\_\_\_\_

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

Printed Name of Qualifying Child Care Provider completing this form

Phone Number

Signature of Provider completing this form

Date

\*Child care rates & fees must be submitted to the GSA Subsidy Administration Section annually. Only one rate change per year will be accepted for calculation purposes.

GSA Subsidy Administration Section  
2300 Main Street - 2SE, Kansas City, MO 64108  
Tel: (866) 508-0371 • Fax: (816) 926-3642  
[army.childcare@gsa.gov](mailto:army.childcare@gsa.gov)  
ARMY 2015-01



# ARMY FEE ASSISTANCE

## Provider Cost Verification Form School Children Ages 5 & Above

Provider Name: \_\_\_\_\_

Vendor/TIN # \_\_\_\_\_ Email: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Remit to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Provider Billing Method

Calendar Month (1st - Final Day of Month) \_\_\_\_\_

4/5 Week Billing: Provide Day of Week \_\_\_\_\_

Family Action: **New Family Enrollment** **Rate Change** **Attendance Change** **Adding Child** **Recertification**

Printed Name of Qualifying Sponsor: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

### Child Information

Child Name \_\_\_\_\_

Child Date of Birth \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Does the child qualify for any discounts \_\_\_\_\_ Type of Discount \_\_\_\_\_

### Registration / Enrollment Fee

Registration Fee \$ \_\_\_\_\_ Enrollment Fee \$ \_\_\_\_\_ *Maximum Fee to be paid by Army, \$150.00 per child, per provider, per year.*

### Child Enrollment and Care information for School Based Care (Please provide cost below after any and all discounts)

Effective Date \_\_\_\_\_ Before School \_\_\_\_\_ After School \_\_\_\_\_ Before & After School \_\_\_\_\_

Daily Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_ Monthly Rate \$ \_\_\_\_\_

\* Is the full day care listed below charged in addition to the Before School, After School or Before & After School Care? Yes No

Daily Rate when school is not in session \$ \_\_\_\_\_

### Child Enrollment and Care information for Summer Enrollment (Please provide cost below after any and all discounts)

Effective/Beginning Date \_\_\_\_\_ End Date \_\_\_\_\_

Daily Rate \$ \_\_\_\_\_ or Weekly Rate \$ \_\_\_\_\_

### Rate/Attendance Changes to be Processed within the Next 12 Months for School Based Care (Please provide cost below after any and all discounts)

Effective Date \_\_\_\_\_ Before School \_\_\_\_\_ After School \_\_\_\_\_ Before & After School \_\_\_\_\_

Daily Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_ Monthly Rate \$ \_\_\_\_\_

\* Is the full day care listed below charged in addition to the Before School, After School or Before & After School Care? Yes No

Daily Rate when school is not in session \$ \_\_\_\_\_

### Rate/Attendance Changes to be Processed within the Next 12 Months for Summer Enrollment (Please provide cost below after any and all discounts)

Effective/Beginning Date \_\_\_\_\_ End Date \_\_\_\_\_

Daily Rate \$ \_\_\_\_\_ or Weekly Rate \$ \_\_\_\_\_

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Printed Name of Qualifying Child Care Provider completing this form

Phone Number

Signature of Provider completing this form

Date

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